Addressing the Treatment Needs of Women with Histories of Trauma

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Objectives:

- Describe prevalence rates for women related to physical and sexual abuse or trauma
- Discuss symptoms of trauma and differential diagnosis considerations
- Identify models of care and evidence-based practice for women with PTSD and co-occurring substance abuse

Women with Co-Occurring Disorders

- Can have complex psychiatric histories including Major Depression, chronic substance abuse, other anxiety disorders
- Trauma histories can manifest as PTSD, or a subset of these symptoms
- They may also meet criteria for a Personality Disorder diagnosis, so diagnostic evaluation is very important

Women with Co-Occurring Disorders

Present unique characteristics when compared with men with co-occurring disorders (Brunette and Drake, 1997)

- Greater victimization
- More medical problems
- Less legal involvement
- More Social Contact
- Responsibility for minor children

Prevalence of Trauma and PTSD

Incarcerated women

- 48% of incarcerated women reported a history of physical or sexual abuse
- 27% reported rape (BJS, 2001)

Women with serious mental illness

- Over 90% reported at least one traumatic event
- 52% of women reported childhood sexual abuse
- 64% of women reported adult sexual assault
- 37% of women attacked with weapon in adulthood
- 24% of women witnessed killing or serious injury

Trauma and Victimization

- Women in jail have frequently been the victims of physical or sexual abuse in childhood and/or adulthood (Teplin et. al, 1996)
- Trauma histories can be considered the norm among women with co-occurring disorders in jail – and in most community based treatment settings
- The impact of this violence impacts all areas of a woman's life, the lives of her children, and can impair her recovery from mental health and substance use disorders

Summary on Consequences

For both males and females, a history of abuse leads to greater rates of

- Emotional problems, behavioral problems, suicidal thoughts, suicidal behaviors than their non-abused counterparts
- These experiences appear to have even “far greater consequences” for males in terms of alcohol and drug use, aggressive behavior and suicidality (when compared to others of the same gender who have not had these experiences) (Garenski & Arends, 1998)

How Does Abuse Turn Into Symptom Experience?

Common situations relating to trauma include:

- Violation of trust
- Being forced to tell lies
- Holding in feelings to survive

These experiences can result in:

- Confusion over attachment
- Never feeling safe
- Confusion about intimacy
- Feelings of powerlessness
- Overwhelming emotional pain

Symptoms Resulting from Chronic Abuse

Disorders of Thought

Guilt, negativity, memory difficulties, intrusive/obsessive thoughts, impaired attention/concentration

Disorders of Emotion

Wide range of affective/anxiety symptoms

Disorders of Behavior

As children, truancy/promiscuity

Can include self-injury, rage episodes

Symptoms of Abuse…

Disorders of Personality

Many symptoms that are consistent with how borderline personality disorder is described:

- Unstable interpersonal relationships
- Issues with abandonment
- Suicidal gestures
- Identity disturbance
- Paranoia
- Emptiness
- Intense anger
- Dissociative symptoms

PTSD: Current Diagnostic Criteria

(DSM-IV TR)

- Exposure to a traumatic event in which specific elements are present
- The traumatic event is persistently re-experienced in different ways
- Continuing avoidance of stimuli associated with the trauma and numbing of general responsiveness
- Ongoing symptoms of increased arousal

Symptoms of Posttraumatic Stress

Depression
Grief and Loss
Isolation
Interpersonal Distancing
Mistrust
Futility
Anxiety
Over stimulation
Sleep disturbances

Rejection and Betrayal
Anger, Irritability, Rage
Low Self-Esteem
Alienation, Avoidance
Fear of Loss of Control
Guilt, Shame
Intrusive thoughts
Psychosis
Substance Abuse

PTSD and Women

- Lifetime rates for developing PTSD are 2x higher in women than men
- Studies show 94% of incarcerated women will experience physical violence or sexual assault by intimates over their lifetime (Brown et al, 2002)
- 1/3 of them will develop the symptoms of PTSD (Najavits, 2002)
- 33-59% of women in substance abuse treatment are diagnosed with PTSD (Najavits, 2002)

Posttraumatic Stress Disorder Treatment

- PTSD remains a diagnosis that is often considered as an afterthought, if at all
- Other diagnoses are utilized to explain symptoms presented
- PTSD may not be recognized and treated as such, and symptoms masked as a result of other, less appropriate interventions

Trauma, Treatment Engagement, and Outcomes

- Impacts interaction with figures of authority
- Impacts sleep patterns
- Can lead to self injurious behavior
- Impacts how rage and anger are experienced

New Strategies for Intervention

Building on a Foundation

Defining Gender Responsiveness

Key Elements of Service

Staging Interventions

Manualized Methods

Building on a Foundation

- Provide Integrated Treatment
- Work on Engagement and Motivation
- Work from a position of optimism
- Educate about Trauma and COD
- Treat at multiple levels ….more treatment leads to better results, incorporate elements in all interactions
- Encourage accountability, expect more effort not less
- Focus on creating a strong therapeutic bond or alliance

Definition of Gender Responsive

Offering service to women that

- Consider the impact of aspects of the treatment site
- Staffing patterns that recognize issues of empathy, safety
- Choosing content that addresses the multiple roles of women
- Selecting materials that have specific relevance to women

Definition of Gender Responsive – Cont.

- Focus on social issues (poverty, race, class, gender inequity)
- Focuses on cultural variables (sex roles, communication)
- Address issues related to violence, abuse, family relationships, in addition to mental illness and substance abuse
- Build skills and look for strengths
- Emphasize self care and self efficacy

Key Program Elements in Early Treatment

- Finding relationship of other problems and disorders to the violence
- Creation of safe and supportive space to explore these issues
- Learning specific skills to promote recovery
- Skill development to identify thoughts, feelings, behaviors
- Effective problem solving techniques
- Relaxation, grounding, stress reduction, etc.

Key Program Elements Continued…

- Strengthening of interpersonal skills, e.g., assertiveness training, boundary setting, interpersonal support, etc.
- Relapse prevention
- Alternatives to substance abuse and other destructive behaviors
- Development of short-term and long-term “safety plans” to protect self and children in the community

Stage Conceptualizations

- **Stage One**: Focuses on stress management, symptom reduction, education, building trust, improving communication, teaching coping skills, stabilization and reduction of symptoms and safety

- **Stage Two**: Exploration of memories, integration, remembrance and mourning (facing the past by exploring the impact of trauma and SA)

- **Stage Three**: characterized by "integration" of self, personality, trauma experiences, long term coping and reconnection (attaining a "healthy engagement with the world through work and relationships" (Najavits, 2003; Herman, 1992).

Seeking Safety
(Najavits, 2001)

- Structured interventions in manual format
- Organized around 25 trauma-related topics
- Integrates trauma & substance abuse
- Derived primarily from Cognitive Behavioral Therapy with a focus on structured activities, problem solving in the present, education, and time-limited nature

Designed for flexible use:

Can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings.

Session Format

Check-In: Describe coping, unsafe behaviors

Quotation: Engages emotionally in content

Relate the topic to their life: handout and discussion (30-40min)

Check-out : identify impact of session, formulate commitment

Focusing on Safety:

Through creating a list of safe coping skills

Use of a Safe Coping Sheet to review recent unsafe incidents

A Safety Plan to identify stages of danger, and how to address

A report of unsafe behaviors at Check-In

Trauma Recovery & Empowerment (TREM, Harris, 1998)

Gender-Specific model that integrates recovery from trauma with mental illness and substance abuse treatment

21-30 weekly group sessions in community-based setting; describes adaptation for incarcerated women

Currently being evaluated in the Women and Violence Studies

Developed by Maxine Harris, Community Connections D.C.; for outcomes information contact: rfallot@communityconnectionsdc.org

Treatment Plan Negotiation

- Addressing women's complex needs may necessitate the formation of new linkages, including:
  - supportive housing
  - child welfare
  - women's health clinics
  - the public school system
  - vocational training
  - job placement programs

- Women with co-occurring disorders and histories of trauma should be referred to treatment programs that offer some form of trauma recovery

Examination of Formal and Informal Policies and Procedures

- Trauma-informed services incorporate an awareness of trauma and abuse into all aspects of the program procedures
- Gender-specific services take into account the roles and elements of personal history that are unique to women
- This awareness can also be used to modify procedures for working with women to create alternative, trauma-sensitive procedures
- Trauma treatment is best accomplished in as trauma-free an environment as possible

Examining Formal and Informal Policies and Procedures (cont.)

- At a minimum, environments and therapeutic techniques should be evaluated for their potential to be re-traumatizing
- Administrators should strongly consider providing training on cultural competence and on gender and trauma issues to program staff

Linkages to Community-Based Treatment

Women must have access to the services they need to re-integrate into the community:

- Provide treatment referral locations and follow-up to see that she has made the necessary linkages
- Ensure she has clothing, housing and access to proper nutrition and medical care for herself and her children
- Ensure her applications for entitlements such as Medicaid, TANF and food stamps have been submitted and processed

Referral to Community Providers

Program staff should become aware of and build relationships with providers within the community who offer trauma-informed and gender-sensitive treatment

Participants should be referred to these services whenever possible

Specific Strategies for Program Enhancement

- Integration of mental health and substance abuse treatment in the same program settings, treatment plans
- Use of validated, manualized group interventions to address PTSD and substance use (*Seeking Safety*; Najavits, 2001; Trauma Recovery and Empowerment; Harris, 1998)
- Access to psychiatry (ARNP, MD)
- Use of *psychoeducational materials* that describes the relationship between a person's mental health and substance use disorders

Specific Strategies for Program Enhancement

- Modification of group content and presentation to address the needs of those women with co-occurring disorders
- Enhanced continuity of care through linkage with housing
- Use of peer mentors and access to long-term service options to allow for a sufficient time period for women to achieve symptom stabilization and improve their functional status.

Creating Successful Programs for Women and their Children

Successful programs for women, as judged by correctional staff or administrators, have many of the following qualities including

- The use of staff as role models
- Having peers provide support and pressure
- Having inmates help run the program
- Performing thorough screening and assessment
- Programming is intensive, comprehensive, continuous

Creating Successful Programs for Women and their Children

Evaluate essential elements of space and resources

Create settings that are conducive to visits

Keeping program enrollment is small, segregated from general population, if institutionally based

Have strong administrative support

Management and security staff is nonaggressive, supportive (Morash et al., 1998).

Questions to Consider when Referring to Community Providers

Does the staffing pattern reflect the population (gender, race, language, sexual orientation) served?

Does staff training provide information on women, the importance of relationships, child-related issues?

Is treatment staff trained to recognize the symptoms of PTSD?

Is there evidence of specific program content that focuses on trauma recovery?

Questions to Consider (cont.)

Are assessments specific to gender?

Are concepts of personal safety incorporated into the design and in daily operations of the program?

Are continued relationships with children encouraged by the program? What is the policy re: visitation and opportunities for contact?

Is there specific program content that focuses on improving parenting skills?

Does the program offer housing and long-term support for women and their children?

For More Information…

Trauma and Recovery by Judith Herman, MD (1992).

Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders. Edited by Paige Ouimette and Pamela Brown (2003).

Narrative approaches to working with Adult Male Survivors of Child Sexual Abuse by Kim Etherington (2000).

The Post-Traumatic Stress Disorder Sourcebook by Glenn R. Schiraldi (2000).

Effective Treatments for PTSD by Foa, Keane, and Friedman (2000).

The Woman's Addiction Workbook by Lisa Najavits (2002).

For More Information…

Co-Occurring Disorders Web-based Curriculum
www.fmhi.usf.edu ***(follow the prompts for online education)***

Brief Psychoeducational Manual on COD available at
www.fmhi.usf.edu/sparc/statement.html

Further information on Seeking Safety Manual at:
www.seekingsafety.org

Further information on Trauma Recovery and Empowerment (TREM):
www.communityconnectionsdc.org/trauma